



**Bureau of Labor and Industries**

Wage and Hour Division

Labor Contracting Unit

**Labor Contractor Bond**

**(Please Read Instructions Carefully Before Completing)**

Bond Number: (1) \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, (2) \_\_\_\_\_

are authorized to transact business within the State of Oregon as principal and (3) \_\_\_\_\_  
\_\_\_\_\_ a corporation duly organized and existing under and  
by virtue of the laws of the State of (4) \_\_\_\_\_ and authorized to transact a surety business within  
the State of Oregon, as surety, are held and firmly bound unto the Commissioner of the Oregon Bureau of Labor  
and Industries in the penal sum of (5) \_\_\_\_\_ thousand dollars (6) \_\_\_\_\_, lawful money  
of the United States of America, for the payment of which well and truly to be made, we hereby bind ourselves,  
our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The conditions of this obligation are such that if the said principal shall:

1. Pay in full all sums due on wage claims of employees; and
2. Pay all sums due to construction property owners, the grower or producer of agricultural commodities or the owner or lessee of intended to be used for the production of timber for advances made to or on behalf of the labor contractor; then this obligation is to be void; otherwise the obligation is to remain in full force and effect.

This bond shall remain in full force and effect from the date of its issuance until (7) \_\_\_\_\_ and shall be irrevocable during this period. It is understood that all claims against the bond shall be unenforceable unless request for payment of a judgment or other form of adequate proof of liability or a notice of the claim has been made by certified mail to the surety or the Commissioner within six (6) months from the date of expiration of the bond.

The surety and principal agree that the Commissioner of the Oregon Bureau of Labor and Industries shall determine the principal's liabilities to the beneficiaries pursuant to the provisions of ORS Chapter 183, and shall, after notice directed to the principal and an opportunity for hearing, enter findings of fact, conclusions of law and order with respect to any liabilities to the beneficiaries found to exist unless the matter is otherwise disposed of by stipulation, agreed settlement, consent order or default.

The Commissioner, the principal, and the surety further agree that ten (10) days subsequent to the Commissioner having determined a liability to exist on the part of the principal to a beneficiary, the Commissioner may demand from the surety, and the surety will promptly pay subject to the limits of this bond, sufficient funds to pay the beneficiary the amount of the liability which has been determined by the Commissioner, unless the Commissioner grants a stay or is stayed by an appellate court.

Dated and Issued This (8) \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

*(Continued on the reverse)*

Bond forms change; this is for educational purposes only

**SOLE PROPRIETOR / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP**

(9) CORPORATE SURETY

By \_\_\_\_\_  
(Signature of Attorney in Fact)

\_\_\_\_\_  
(Printed Name of Attorney in Fact)

\_\_\_\_\_  
(Surety Address)

\_\_\_\_\_  
(Surety Telephone)

(10) CONTRACTOR

By \_\_\_\_\_  
(Signature of Principal – Sole Proprietor or Partner)

\_\_\_\_\_  
(Printed Assumed Business Name, if any)

**CORPORATION/LIMITED LIABILITY COMPANY/NON-PROFIT CORPORATION/  
PUBLICLY TRADED CORPORATION/AGRICULTURAL ASSOCIATION/  
COOPERATIVE CORPORATION**

(11) CORPORATE SURETY

By \_\_\_\_\_  
(Signature of Attorney in Fact)

\_\_\_\_\_  
(Printed Name of Attorney in Fact)

\_\_\_\_\_  
(Surety Address)

\_\_\_\_\_  
(Surety Telephone)

(12) CONTRACTOR

\_\_\_\_\_  
(Name of Corporation / LLC/Non-Profit  
Corporation/ Publicly Traded  
Corporation/Agricultural Association/ Cooperative  
Corporation/Assumed Business Name, if any)

By \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Attach certified copy of authority to sign,  
if applicable



## Instructions for Completing Labor Contractor Bond (WH-157)

BLANK (1) This blank contains the bond number assigned by the corporate surety.

BLANK (2) Insert the full legal name and assumed business name, if any, of the contractor to be licensed as follows:

**SOLE PROPRIETORSHIP:** In the case of a **sole proprietor**, this blank should contain the full legal name of the sole proprietor and the assumed business name, if any, under which the labor contractor applicant proposes to conduct business. **Example:** John Harold Smith, a sole proprietor, dba John's Harvesting Company.

**PARTNERSHIPS (GENERAL AND LIMITED LIABILITY):** In the case of a **partnership** (whether general or limited liability), the blank should contain the full name of the individual partner **and** the name of the partnership under which the business will be conducted. **Example:** Mary Elizabeth Connelly, a partner in the partnership of Connelly's Harvest Company or Mary Elizabeth Connelly, a partner in the limited liability partnership of Connelly's Harvest Company.

**NOTE:** Each partner must submit his or her own bond.

**CORPORATIONS AND LIMITED LIABILITY COMPANIES:** In the case of a **corporation or limited liability company**, the blank should contain the full name of the majority shareholder or LLC member **and** the name of the corporation or Limited Liability Company and its state of charter as filed with the Oregon Secretary of State. If the corporation or limited liability company uses an assumed business name, that name should be included as well. **Example:** Susan Maria Smith and Workforce, Inc., an Oregon Corporation dba Able Farm and Forestry Contracting or Susan Maria Smith and Workforce, Inc., an Oregon Limited Liability Company dba Able Farm and Forestry Contracting.

**NOTE:** Unless the corporation/Limited Liability Company has more than 10 shareholders/members, each shareholder/member must be individually licensed and submit his or her own proof of financial responsibility (bond). If the corporation or LLC has 10 or more shareholders/members and more than two shareholders/members collectively own the majority of the corporation/LLC, individual shareholders/members are not required to be individually licensed or submit individual proof of financial responsibility.

**NON-PROFIT AND PUBLICLY TRADED CORPORATIONS:** In the case of a **non-profit or publicly traded corporation**, the blank should contain the full legal name of the corporation, state of charter as filed with the Oregon Secretary of State, and type of entity. **Example:** Oregon Farm and Forest Labor Contracting, Inc., an Oregon non-profit corporation or Oregon Farm and Forest Labor Contracting, Inc., an Oregon publicly traded corporation. If the corporation uses an assumed business name, that name should be included as well.

**AGRICULTURAL ASSOCIATIONS:** In the case of an **agricultural association**, the blank should contain the full legal name of the agricultural association as filed with the Oregon Secretary of State in addition to any assumed business name used by the agricultural association. **Example:** Willamette Valley Growers Association, an Oregon Agricultural Association dba Central Valley Growers.

**COOPERATIVE CORPORATIONS:** In the case of a **cooperative corporation**, the blank should contain the full legal name of the cooperative corporation as filed with the Oregon Secretary of State in addition to any assumed business name used by the coop). **Example:** ABC Association, Inc., an Oregon Cooperative Corporation dba ABC Company.

**ANY PERSON WHO RECRUITS, SOLICITS, SUPPLIES OR EMPLOYS WORKERS ON BEHALF OF AN EMPLOYER WHO IS A LABOR CONTRACTOR MUST ALSO BE LICENSED.**

BLANK (3) This blank contains the full legal name of the corporate surety as filed with the Oregon Secretary of State.

BLANK (4) This blank should contain the name of the state which chartered the corporate surety.

**CONTINUED ON THE REVERSE**

BLANK (5) This blank should contain the written dollar amount of the bond, i.e., **TEN OR THIRTY** (or if operating a farm labor camp, at least **FIFTEEN**). If you are also applying for a camp operator indorsement, the minimum amount of the bond must be \$15,000, regardless of the number of employees employed. (If a \$30,000 bond is required, the camp operator bond amount required is included in this amount.)

BLANK (6) This blank contains the numeric dollar amount of the bond, e.g., \$10,000, \$15,000 or \$30,000.

BLANK (7) This blank should contain the date when the bond will expire. All licenses are issued for one year. **Please note:** A bond should expire on the last day of any given month.

BLANK (8) This blank should contain the date upon which the bond is dated and issued by the corporate surety.

BLANK (9) **SOLE PROPRIETORS/PARTNERSHIPS/LIMITED LIABILITY PARTNERSHIPS:** If the contractor is a sole proprietor or a partner in a general or limited liability partnership, these blanks should contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (10) These blanks should contain the signature of the contractor and the printed or typed name under which the applicant proposes to conduct business.

**IF A LABOR CONTRACTOR BUSINESS IS TO BE CONDUCTED AS A GENERAL OR LIMITED LIABILITY PARTNERSHIP, EACH PARTNER MUST SUBMIT WITH HIS OR HER LICENSE APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.**

BLANK (11) **CORPORATIONS/LIMITED LIABILITY COMPANIES/NON-PROFIT CORPORATIONS/PUBLICLY TRADED CORPORATIONS/AGRICULTURAL ASSOCIATIONS/COOPERATIVE CORPORATIONS:** If the contractor is a corporation, limited liability company, non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, these blanks contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (12) If the contractor/applicant is a majority shareholder or LLC member, s/he should sign the first line of #12.

**IF A LABOR CONTRACTOR BUSINESS IS TO BE OPERATED AS A CORPORATION OR LIMITED LIABILITY COMPANY, EACH MAJORITY SHAREHOLDER OR MEMBER MUST SUBMIT WITH HIS OR HER APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.**

The printed business name of the applicant/contractor (including any assumed business name) should be printed on the second line of #12.

If the person signing the bond is applying on behalf of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, s/he should sign the third line in this section (following the word "By"). The title of the person signing should be entered on the next line.

**If signing as a representative of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, attach a certified copy of authority to sign on behalf of the entity.**

If you have any questions, please contact us at:

Wage and Hour Division - Licensing  
Bureau of Labor and Industries  
3865 Wolverine St NE; E -1  
Salem, OR 97305-1268  
(503) 373-1463

## SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_  
**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR:**

TYPE OF BOND: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  HOW MANY OWNERS? \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**SECTION II: GENERAL INFORMATION**

OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 ADDITIONAL OWNERS / PARTNERS  
 OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

**Worldwide Insurance Specialists, Inc**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                            **Fax: (602) 674-8235**  
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